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Docket No.:		

APR 1 9 2007 SO AS my Mame:

DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under
me;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THIN FILM MAGNETIC HEAD DEVICE

described	and	claimed	in	the	specifi	cation
Check one					-	

*a. [] attached hereto.

b. M filed on December 26, 2001 as Application Serial No. 10/025,694

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2001-102 filed January 4, 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten of Sole or	Full Name First Inventor		SATO	
Inventor's		Given Name	Middle Initial	Family Name
Date of Sign	nature	April 4, 2002		
Residence	Chuo-Ku,	Tokyo,	Japan	
Citizenship			or Province	Country
(Insert	Office Address complete mailing including country)		ion, 1-13-1, Nihonb Japan	ashi,

*If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE [

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(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Koji	SHIMAZ	SHIMAZAWA	
_	7	Given Name	Middle Initial	Family Name	
2	Inventor's Signature		razawa		
3	Date of Signature	April 4,	2002		
	Residence Chuo-Ku,	Tokyo, State or Province	Japan Japan	Country	
	City Citizenship Japanes		5	country	
	Post Office Addres		ation, 1-13-1, Nihonba	shi. Chuo-Ku.	
	(Insert complete mailing	Tokyo Japan			
	address, including count	ry)			
1	Typewritten Full Name of Joint Inventor	Satoru	ARAKI		
	7	Given Name	Middle Initial	Family Name	
2	Inventor's Signature			tupo	
3	Date of Signature	April 4	, 2002	· · · · · · · · · · · · · · · · · · ·	
	Residence Chuo-Ku,	Tokyo,	Japan		
	City	State or Province	е	Country	
	Citizenship Japan	- /a IIDI/ Cares are	ation, 1-13-1, Nihonba	shi Chuo-Ku	
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	address, including count	ry)	 		
1	Typewritten Full Name			•	
	of Joint Inventor	Given Name	Middle Initial	Family Name	
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		Given Name	Middle Initial	Family Name	
2	Inventor's Signature			•	
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1	Typewritten Full Name				
	of Joint Inventor	Given Name	Middle Initial	Family Name	
2	Inventor's Signature	OLVEIT HAME	"TOOLE THICTAL	ramitry name	
3	Date of Signature		· · · · · · · · · · · · · · · · · · ·		
-	Residence				
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	Post Office Addre		·		
	(Insert complete mailing address, including count		<u> </u>		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line $\bf 3$.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.